

## Exhibit 3

Perry MRN

P-S761.055 RESIDENTIAL DRUG ABUSE PROGRAM NOTICE TO INMATE CDFRM

JAN 04

U.S. DEPARTMENT OF JUSTICE

**COPY**

FEDERAL BUREAU OF PRISONS

To Short, Michael	Reg No. 19407-076
From Dr. David A. Thompson <i>Clare-Moncrief</i>	Institution FPC Montgomery
Title RDAP Coordinator	Date April 28, 2005

## SECTION 1 - RESIDENTIAL DRUG ABUSE PROGRAM QUALIFICATION

You have requested participation in the Bureau's Residential Drug Abuse Treatment Program. My review of your case indicates that you (☒ DO ☐ DO NOT) meet the admission's criteria for the Residential Drug Abuse Program. It appears that you (☒ DO ☐ DO NOT) qualify to participate in the Residential Program. State the reason(s) below.

Comments

## SECTION 2 - PROVISIONAL § 3621 (E) ELIGIBILITY (To be completed only if the inmate has completed or qualifies for the Residential Drug Abuse Treatment Program.)

For Residential Drug Abuse Treatment Program graduates to be eligible for early release, they must (DAPC must "x")

<input checked="" type="checkbox"/> Not an INS detainee.	<input checked="" type="checkbox"/> Not a pre-trial inmate.
<input checked="" type="checkbox"/> Not a contractual boarder.	<input checked="" type="checkbox"/> Not an "old law" inmate.
<input type="checkbox"/> Not have a current crime that is an excluding offense in BOP categorization of offenses policy (Mark an "x" in the appropriate block on the right).	<input type="checkbox"/> Not a crime of violence as contained in BOP Categorization of Offenses policy.
	<input type="checkbox"/> Not an excluding crime by the Director's discretion in Categorization of Offenses policy.
<input checked="" type="checkbox"/> Not have any prior felony or misdemeanor adult conviction for homicide, forcible rape, robbery, aggravated assault, or sexual abuse of children.	

My current assessment, in consultation with your unit team, is that it (☐ DOES ☒ DOES NOT) appear that you are provisionally eligible for early release. If not, list ALL the reason(s).

Comments *point - CUM*  
2 point enhancement for firearm

If applicable, I understand that a determination of early release for me is provisional, may change, and depends on continued positive behavior and successful participation in all components of the program, including community transitional services.

Inmate's Signature (indicate if refused to sign) <i>Michael Short</i>	Refused to sign <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

cc: Drug Abuse Treatment File; Unit Team (place in section 4 of inmate central file; Inmate

(This form may be replicated via WP)

(This form replaces BP-S761 dtd DEC 03)